U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9816	2 Fiscal Year Covered From				
	7/7/308 Through 73/37/309				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Doublas J WATSON	Name LABORERS INTERNATIONAL UNION FNA				
	Labor Organization File Number 000131				
PO Box Bldg Room No if any 3/4	P O Box Building and Room Number if any				
Street 500 MARKET ST	Street 905 16 TREET NW				
city Ponismouth	City WASIFINGTON				
State New HAMPSHIRE ZIP Code +4 03801	State DISTRICT OF COLUMNIA ZIP Code +4 2000 6				
5 Position in labor organization INTERNATIONAL REPA	LESTATIVE, MNUDC BUSINESS MANAGER				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income				
Name					
Trade Name if any					
PO Box Bldg Room No if any	7 b Amount.				
Street	7 6 Amount.				
	p-100-100-100-100-100-100-100-100-100-10				
City					
State ZIP Code + 4					
Signature					
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned is knowledge and being true correct and complete (See the section on penalties in the instructions.)					
O D D D	00 8-1205 (603) 431-3181				
Signed Charles	Date Telephone Number				

Name of Person Filling Loublas J WA	SUN File Number U
B Held an interest in or derived Income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent or adirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name NE LANORES LANOR-MANASE (DOP WELS  Trade Name if any  PO Box Bidg Room No if any  Street JAG So MAIN STREET  City PROVIDENCE  State RHODE ISLAND, ZIP Code +4 09903	a Labor Organization  b Trust  c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any	LECET SECURES PROJECTS AND LECET SECURES PROJECTS AND TOBS, INCREUSE CIRTION MARKET SHARE ADVENTISE SECURCES DEVELOPES A WORK FONCE AND ADVANCE SHARED
P O Box Bldg Room No if any	MARKET-RELATED INTERES!
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZiP Code + 4	ATTEMPED TRI-FUND CONFERENCE RECEPTION
	12 b Amount 10352

Name of Person Filing DuGLAS J WAIS	SON	File Number U				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)  Name NE LABORRES TRAINING TAUST  Trade Name if any  PO Box Bldg Room No if any  Street 37 EAST STREET  City Hop Kiw Ton  State MASSACHUSETS I ZIP Code + 4 01748	9 Business deals with    X   a Labor Organizati   b Trust   c Employer	ion				
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any:  P O Box Bidg Room No if any	11 a Nature of such dealing AppRENTICA AND EDUCA	SHip ATion	TRAINING			
Street	11 b Approximate dollar value	of such dealing				
City			<u> </u>			
State ZIP Code + 4	12 a Nature of Interest held  NIVER. AT	- RESTA	URANT			
	12 b Amount		#75.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	alkahalhalekkik eleveroreretek baltikhakkaltar elealer e				
Name						
Trade Name if any			-			
PO Box Bldg Room No if any	- Andrews		de distribute de deservo			
Street						
City	# # # # # # # # # # # # # # # # # # #		The state of the s			
State ZIP Cods + 4	Step show yer wide Jily hat		According			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment					



## Maine, New Hampshire and Vermont Baborers' District Council



Noble s Island – Coronation 500 Market Street – 3A Portsmouth New Hampshire 03801 3456 Telephone (603) 431 3181

August 12, 2005

U S Department of Labor Employee Standards Administration Office of Labor Standards 200 Constitutional Avenue, N W Room N-5616 Washington, DC 20210

Re Form LM 30 filling for Douglas J Watson, LIUNA MNVDC

Dear Sir or Madam,

Enclosed is my Labor Organization Officer and Employee Report LM -30 for the 2004 reporting period. In filing, I have reviewed all of the available 2004 records as well as my recollection. I have provided my best estimate or an average price range for the value of the benefits received where I have no knowledge as to exact amounts.

As you know it was March of this year before the Department of Labor initially announced its intention to provide to provide additional guidelines to the reporting community concerning the LM -30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department guidelines to date on the LM 30 reporting is still changing and remains uncertain at various particulars.

It may be possible that a covered employee or business not listed on my LM-30 report for 2004 provide something of value as to which I have no documentation nor any specific recollection. In accordance with your guideline, it is my understanding that, in that circumstance, I am not required to take any further action.

## **AFFILIATES**

Local Union 175 – Lawrence MA
Local Union 192 – Portsmouth NH
Local Union 327 – Augusta ME
Local Union 473 – Pittsfield MA
Local Union 522 – Burlington VT
Local Union 668 – Manchester NH
Local Union 976 – Portsmouth NH
Local Union 1284 – Waterville ME
Local Union 1377 – Bangor ME

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This filing reflects my good faith effort to comply with the LM -30 reporting provisions and in doing so, I have relied upon evolving guidance from the Department. The enclosed material represents my best recollection and estimate of lawfully reporting benefits I received in 2004.

Sincerely yours.

Douglas I Watson

International Representative MNVDC Business Manager